INDEPENDENT MENTAL HEALTH PRACTITIONERS

Effective Date: 04/01/2018
Updated: 02/27/2019

Rates displayed below do not reflect rates for codes billed containing modifiers.
For information on how modifiers will affect payment see ARSD § 67:16:02:03.02.

CODE	PROCEDURE	FEE
90791	Psychiatric diagnostic evaluation	$109.11
90832	Psychotherapy, 30 Minutes	$53.08
90834	Psychotherapy, 45 Minutes	$72.40
90837	Psychotherapy, 60 Minutes	$105.86
90839	Psychotherapy for crisis, first 60 Minutes	$96.54
90840	Psychotherapy for crisis, each additional 30 minutes	$48.27
90847	Family psychotherapy including patient, 50 minutes	$49.75
90849	Multiple family group psychotherapy with patient present	$49.75
90853	Group psychotherapy (other than of a multiple-family group)	$49.75
90899	Diagnostic Evaluation - contacts with the recipient's relatives and significant others (not billable w/ 90791)	$27.45
96101	Psychological testing by psychologist or physician (For dates of service of 12/31/18 or earlier)	$96.54
96116	Neurobehavioral status examination by QHP, first 60 minutes	$65.60
96118	Neuropsychological testing by psychologist or physician (For dates of service of 12/31/18 or earlier)	$96.54
96130	Psychological testing evaluation by QHP, first 60 minutes (Effective 1/1/19)	$96.54
96131	Psychological testing evaluation by QHP, additional 60 minutes (Effective 1/1/19)	$96.54
96132	Neuropsychological testing evaluation by QHP, first 60 minutes (Effective 1/1/19)	$96.54
96133	Neuropsychological testing evaluation by QHP, first 60 minutes (Effective 1/1/19)	$96.54
H0046	Collateral Contacts	$31.73

NOTE: Fee schedules are subject to review and amendment under the provisions of § 67:16:01:28. A provider may request that the department review a particular reimbursement rate for possible adjustment or request the inclusion or exclusion of a particular code from the list. When reviewing the requests, the department shall review paid claims information, Medicare fee schedules, national coding lists, and documentation submitted by the provider or the associated medical professional organization to determine whether a change is warranted.